

SERIAL NUMBER 09/480,747	FILING DATE 01/10/00	CLASS 455	GROUP ART UNIT 2749	ATTORNEY DOCKET NO. SILA:054
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APPLICANT

MITCHELL REID, AUSTIN, TX; TIMOTHY J. DUPUIS, AUSTIN, TX.

CONTINUING DOMESTIC DATA***

VERIFIED PROVISIONAL APPLICATION NO. 60/145,475 07/23/99

fm

371 (NAT'L STAGE) DATA***

VERIFIED

none

fm

FOREIGN APPLICATIONS***

VERIFIED

none

fm

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 02/16/00 ** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY TX	SHEETS DRAWING 5	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 5
Verified and Acknowledged <u>fm</u> Examiner's Initials Initials					


ADDRESS

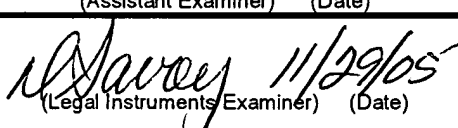

RICHARD D EGAN
O'KEEFE EGAN & PETERMAN
1101 CAPITAL OF TEXAS HIGHWAY SOUTH
BUILDING C SUITE 200
AUSTIN TX 78746

TITLE

INTEGRATED MODEM AND LINE-ISOLATION CIRCUITRY WITH HDLC FRAMING AND ASSOCIATED METHOD

FILING FEE RECEIVED \$657	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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Issue Classification 	Application/Control No.	Applicant(s)/Patent under Reexamination	
	09/480,747	REID ET AL.	
	Examiner	Art Unit	
	Jean B. Corielus	2637	

ISSUE CLASSIFICATION												
ORIGINAL					CROSS REFERENCE(S)							
CLASS		SUBCLASS			CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)						
375		220			379	399.01						
INTERNATIONAL CLASSIFICATION												
H	0	4	B	1/38								
H	0	4	L	5/16								
				/								
				/								
				/								
 (Assistant Examiner) (Date)					 Jean B. Corielus (Primary Examiner)					Total Claims Allowed: 12		
										O.G. Print Claim(s) 6		O.G. Print Fig. 1B and 6A

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant				<input type="checkbox"/> CPA				<input type="checkbox"/> T.D.				<input type="checkbox"/> R.1.47			
Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original		
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2	2	8	32		62		92		122		152		182		
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